

# Form F – STATEMENT OF LAW SCHOOL OFFICIAL

**➤ NOTICE TO APPLICANT:** This form is to be completed by the proper representative of your law school. Please read the form in its entirety, complete and sign it and **have it sworn to before a notary public before submitting the form to your law school administrator for completion:**

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

\_\_\_\_\_  
Signature of Applicant

Commonwealth/State/District of \_\_\_\_\_

County/City of \_\_\_\_\_

I, a Notary Public of such County/City, certify that on this day personally appeared before me

\_\_\_\_\_  
who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number (if applicable) \_\_\_\_\_

NOTARY SEAL (must be affixed)

Revised September 2016